ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix AZ 85007-2934 (602) 542-5141 400 W Congress #521 Tucson AZ 85701-1352 (520) 628-6595

RESTAURANT OPERATION PLAN

PRINT - USE BLACK INK

	LICENSE#				
1.	List by Make, Model and Capacity of your :				
	Grill				
	Oven				
	Freezer				
	Refrigerator				
	Sink				
	Dish Washing Facilities				
	Food Preparation Counter				
	Other				
	Other				
	Other				
2.	Print the name of your restaurant:				
3.	Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).				
4.	List the seating capacity for:				
	a. Restaurant area of your premises []				
	b. Bar area of your premises []				
	c. Total area of your premises []				
5.	What type of dinnerware and utensils are utilized within your restaurant? ☐ Reusable ☐ Disposable				
6.	Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover)? ☐ Yes% ☐ No				
7.	What percentage of your public premises is used primarily for restaurant dining?				

*Disabled individuals requiring special accommodations, please call the Department.

(Does not include kitchen, bar, cocktail tables or game area.) ______%

	ves, specify what types and how marks, etc).		Felevisions, Pool tables, Vic	leo Games	
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		COMIT	*A.		
	you have live entertainment or da yes, what type and how often?)	ncing? □ Yes □	l No		
	e space below or attach a list o	of employee posit	ions and their duties to f	ully staff y	
bu	siness.				
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	Attach additional sheets if necessary				
	, hereby declare that I am the APPLICANT filing this				
cation.	(Print full name) I have read this application and the conte			guno	
		State of	County of		
		The foregoing	instrument was acknowledged b	efore me this	
	(Signature of APPLICANT)		day of		
		Day	Month	Yea	
ommie	sion expires on:				
			(Signature of NOTARY PUBL	IC)	